

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 19 | 1/16/01 |
| FORMALITY REVIEW | CS | 5C8M | 01-25-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 5/31/03 |
| 2 | 12/12/03 |
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| Claim | Date |
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| Final | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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